

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>3/11/2005</u>		2 Serial/Patent # <u>19/848,781</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		<u>2/16/2005</u>	\$ <u>1080</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ <u>1080</u>								
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
<input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation):		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>			0	8	--	0	3	8	0
0	8	--	0	3	8	0					
<u>EXTENSION WAS <del>FILED</del> FILED TOO LATE</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>MARIANNE JENKINS</u>		TITLE: <u>PET. EXMR.</u>									
SIGNATURE: <u>Marianne C. Jenkins</u>		PHONE: <u>2-3223</u>									
OFFICE: <u>PETITIONS OFFICE</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>3/11/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: